

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 743977

FILED
Apr 30, 2003
Secretary of State

Entity Name: NO CASINOS, INC.

Current Principal Place of Business:

605 E. ROBINSON ST
SUITE 310
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1563
ORLANDO, FL 32802 US

New Mailing Address:

FEI Number: 59-2655199

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOWINSKI, JOHN G
305 E. ROBINSON ST
SUITE 310
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOOD, GLENDA E
Address: 400 S ORANGE AVE
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: HINES, ANDREW H JR
Address: 150 2ND AVE
City-St-Zip: ST PETERSBURG, FL

Title: VD () Delete
Name: GRANT, JOHN SR
Address: 610 WEST WATERS AVE. SUITE A
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SOWINSKI, JOHN G
Address: 605 EAST ROBINSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: GREENE, GEORGE
Address: 1222 BRIGHTWATERS BOULEVARD
City-St-Zip: ST PETERSBURG, FL 32704

Title: VD (X) Change () Addition
Name: HINES, ANDREW H
Address: 150 2ND AVENUE
City-St-Zip: ST. PETERSBURG, FL 32704

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN G. SOWINSKI

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date